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\$1614

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



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Art Unit : 1614
Examiner : Cybille Delacroix-Muirheid
Serial No. : 09/616,718
Filed : July 14, 2000
Inventors : Bert L. Vallee
 : Wing-Ming Keung
Title : METHODS AND ASSAYS
 : USEFUL IN THE TREATMENT
 : OF ALCOHOL DEPENDENCE
 : OR ALCOHOL ABUSE

22469

PATENT TRADEMARK OFFICE

AUG 06 2002

TECH CENTER 1600/2900

Docket No.: 1364-DIV-01

Date: July 15, 2002

Commissioner for Patents
Washington, DC 20231

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard

\$55.00 check

Claim of Extension of Time for Response

Power of Attorney

Amendment Transmittal Letter

Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, Washington, DC 20231, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Schnader Harrison Segal & Lewis

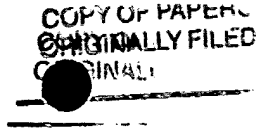
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By:

Jacqueline Ricciardi

Date:

July 15, 2002



Attorney Docket No.: 1364-DIV-01

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In re Application of Bert L. Vallee, et al

Serial No.: 09/616,718

Filed: 7/14/00

TECH CENTER 1600/2900

For: METHODS AND ASSAYS USEFUL IN THE TREATMENT OF ALCOHOL
DEPENDENCE OR ALCOHOL ABUSE

COMMISSIONER FOR PATENTS
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X Small entity status of this application under 37 CFR §1.9 and §1.27 has been
established by a verified statement previously submitted.

— A verified statement to establish small entity status under 37 CFR §1.9 and §1.27
is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	5	-	** 20 =	
INDEP.	2	-	*** 3 =	
First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x42=	\$
+140=	\$

OR

RATE	ADD'L FEE
x18=	\$
x84=	\$
+280=	\$

TOTAL ADDITIONAL FEE \$0 OR \$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20,
write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3,
write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

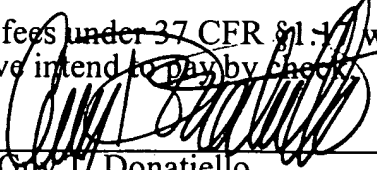
☐ Please charge my Deposit Account No. 13-3405 in the amount of \$_____.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$_____ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



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Attorney for Applicant(s)

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